

# Mental health services research in Asian Americans

## What do we know and where are we going?

Local studies consistently show that the pressing mental health care needs of Asian American communities are not being met by using traditional mental health care approaches. The “real world” approach of the Bridge Program and other similar programs addresses the lack of early intervention for Asian Americans with mental health problems, the stigma that Asian Americans attach to mental illness, and the differing clinical presentations that lead to misdiagnosis or underdiagnosis. But is there any evidence to support the need for these types of programs?

Information about the characteristics of the people in need and the factors that facilitate or constrain their use of services is critical in developing effective and quality health care. A review of studies of Asian Americans shows many early estimates about prevalence of mental disorders relied on treatment data from hospitals and clinics. These studies typically compare the proportion of Asian Americans who use mental health services in a geographic location with the proportion of Asian Americans who live in that area. Most studies of this type show that Asian Americans are underrepresented in mental health facilities; that is, the proportion of Asian Americans using services is lower than the proportion of Asian Americans residing in the area. Like other treatment studies, however, these calculations omit the estimate of the number of people who actually have a mental health problem but are not using services.

Community surveys are one way to include respondents who may have a mental health problem but who have not sought care from a mental health professional. Large community studies have often included Asian Americans, but they typically classify Asians as belonging to a homogenous ethnic category. The Asian American category is a social and political convenience because the use of the term allows researchers, service providers, and policy makers to easily describe and discuss groups who seemingly share similar backgrounds. How diverse is the Asian American category? As one measure, Asian Americans include at least 43 different ethnic groups who have their origins in such unique countries as China, Japan, Pakistan, Korea, India, the Philippines, Vietnam, and Laos.<sup>1</sup> Accordingly, the conclusions drawn from analyses using Asian Americans as a single ethnic category may differ from those made when specific ethnic groups are examined.<sup>2</sup>

Some community studies have focused on specific Asian American ethnic groups using mental disorder

symptom scales. These studies seem to indicate that Asian Americans have more severe symptoms compared to whites.<sup>3</sup> But few community studies have focused on a specific Asian American ethnic group using a standard diagnostic interview. The Chinese American Psychiatric Epidemiological Study (CAPES) included immigrant and native-born Chinese living in Los Angeles County.<sup>4</sup> Interviews were conducted in Chinese or English, depending on the language preference of the respondent. The lifetime prevalence rates for depressive disorders were well below the rates found in the National Comorbidity Study<sup>5</sup> but were slightly higher than those from the Epidemiologic Catchment Area study.<sup>6</sup>

One advantage of a study like CAPES, which included a large sample of a specific ethnic group, is the opportunity to investigate social and cultural variations in symptom reporting. For example, CAPES included a measure of neurasthenia, an illness that involves persistent and distressing fatigue after mental effort or bodily weakness and exhaustion after minimal physical effort (see p 257). In a random sample of Chinese Americans living in Los Angeles, close to 7% (122 of 1747) reported that they had experienced neurasthenia.<sup>7</sup> More than half of the respondents who had the syndrome did not meet criteria for having a mood or anxiety disorder. One implication of this finding is clear. Mental health professionals using standard diagnostic tools may not correctly evaluate Chinese Americans who are likely to experience a psychiatric syndrome such as neurasthenia.

Despite the limited data on the mental health status of Asian Americans, there are three reasons to be optimistic about the future of research on the mental health and service use among Asian Americans. First, several federal initiatives and reports, such as Healthy People 2010, minority supplement to the *Surgeon General's Report on Mental Health*, and National Institutes of Health initiatives to eliminate racial disparities, suggest a greater awareness and openness to pursue important scientific questions that will lead to effective interventions. These initiatives will direct energy, resources, and commitment to study the pressing mental health issues in Asian American communities.

Second, at least two current investigations are likely to produce important findings that may improve access and quality of care for Asian Americans. The National Latino and Asian American Study will be the first large-scale na-

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tional study of Latino and Asian Americans. Approximately 7,200 respondents (3,600 from each ethnic category) will be interviewed using a standardized diagnostic interview schedule administered by lay interviewers.<sup>8</sup> This study will produce data on the prevalence of mental illness and the social and cultural correlates of these problems among Latinos and Asian Americans. The other investigation is the PRISMe study (Primary Care Research in Substance Abuse and Mental Health for the Elderly).<sup>9</sup> This multisite national study will provide data on the prevalence of mental health problems of the elderly in primary care and the barriers to receiving needed mental health care. The Bridge Program in New York City was a PRISMe study site that was able to recruit and enroll elderly Chinese Americans. With the enrollment of diverse ethnic groups (Asians, Latinos, African Americans, and whites), comparative data will be analyzed and used for program planning to enhance access to mental health services in primary care and specialty settings.

Finally, junior investigators representing a broad range of disciplines and professions including psychiatry, medicine, social work, psychology, sociology, economics, and anthropology, are beginning to focus their efforts on mental health issues among Asian Americans and other ethnic minorities. The infusion of different ideas from a range of perspectives, with a focus on real world applications, will be an important and critical component in improving health care delivery to Asian Americans.

Until consistent data emerge from studies involving Asian Americans that allow the development of a sound evidence base, we hope that the articles in this theme issue will improve treatment and highlight opportunities for further research on improving clinical care.

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